

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014445

STATE FILE NUMBER

FILED APR 28 1959

Registration District No. 290 Primary Registration District No.

Registrar's No. 39

1. PLACE OF DEATH a. COUNTY Pulaski			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richland, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richland, Mo. 8-5-8		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None.		Length of stay in lb life.	d. STREET ADDRESS (If outside, give location) None.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Matie Beula Laquey.			4. DATE OF DEATH Month Day Year April 6 1959		
5. SEX Female	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 9, 1884	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 74 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Richland, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph Traw.		13b. MOTHER'S MAIDEN NAME Penelope Dodson.		14. NAME OF HUSBAND OR WIFE George Monroe Laquey.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT Address Mrs. Meta Chalfant Richland, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>hypostatic pneumonia.</u> <u>apoplexy</u> <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>3 wks</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1950</u> to <u>4-6-59</u> and last saw her alive on <u>4-6-59</u> Death occurred at <u>9:58</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>L. H. Myers</u> (Degree or title) D.O. 2		22b. ADDRESS Richland, Mo		22c. DATE SIGNED 4/8/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/8/59		23c. NAME OF CEMETERY OR CREMATORY Oaklawn Cemetery	
				23d. LOCATION (City, town, or county) (State) Richland, Missouri	
24. FUNERAL DIRECTOR <u>Hedges Funeral Home</u> Richland, Mo		25. DATE RECD. BY LOCAL REG. 4-13-59		26. REGISTRAR'S SIGNATURE <u>Paula Grace Anderson</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... *C. J. Moore* .....

Licensed Embalmer No. *4896* .....

P. O. Address *Waymireville,* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.